

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/019288

FILING DATE

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|----------|------------------------|--------|------------------------|-------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL CLAIMS | 5 | SEARCHED | EXAMINED | MAILED | RECEIVED | FILED |

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| TOTAL IND. | | | |
| TOTAL DEP. | | | |
| TOTAL CLAIMS | | SEARCHED | EXAMINED |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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